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ABSTRACT

This document begins with a brief overview of findings from national surveys conducted by the National Institute on Drug Abuse which show increasing drug use throughout the 1970s and a decreasing trend in drug use during the 1980s. In spite of this decline, drug use in the U.S. is described as still constituting a major public health problem that is pervasive in extent, diverse in its manifestations, and constantly changing. This document presents data on drug use in the U.S. extracted from the 1988 National Household Survey on Drug Abuse, the 1988 High School Senior Survey, and the Drug Abuse Warning Network through December 1988. Summaries of the data from these studies is included in text and data tables which examine trends and demographics for the use of heroin and morphine, heroin and cocaine, cocaine, marijuana and hashish, and phencyclidine (PCP). (NB)

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National Institute on Drug Abuse

Overview of Selected Drug Trends

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OVERVIEW OF SELECTED DRUG TRENDS

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The National Institute on Drug Abuse (NIDA) is the lead Federal agency responsible for supporting research directed at improving our understanding of the bio-medical and bio-behavioral bases of drug use and the development of improved drug abuse prevention and treatment techniques.

Since the 1960s, illicit drug use has become pervasive in American society. Evidence gathered through two major national surveys conducted by NIDA showed increasing drug use from the early 1970s through 1979. Following that peak year, through the early 1980s, these surveys generally showed a reversal of the upward trend This decreasing trend accelerated between 1985 and 1988. Past month use of any illicit drug declined from 12 percent of the population aged 12 and over in 1985 to 7 percent in 1988. This translates into a decrease from 23 million people to 14.5 million people. The most recent National Household Survey on Drug Abuse shows that among 18-25 year olds, the age group with the highest prevalence of illicit drug use, the prevalence of nonmedical use of most licit and illicit drugs continued to decrease or level off in 1988. The decline in drug use among America's high school seniors continued with the class of 1988, following a brief interruption in the downward trend for the class of 1985.

While the general trends are encouraging, it is widely believed by many experts in the field that the level of drug use in the United States is higher than that in any other industrial nation. More than one half of American youth try an illicit drug before they finish high school. An estimated 14.5 million Americans used a drug illicitly in the month prior to being surveyed in the 1988 National Household Survey on Drug Abuse. The number of people admitted to emergency rooms following cocaine use, as reported by the Drug Abuse Warning Network (DAWN), increased more than fivefold over the past five years. Further, based on provisional data, the number of people who died following cocaine use, as reported by DAWN, more than doubled during the same time period. Drug use in the United States clearly remains a major public health problem; it is pervasive in extent, diverse in its manifestations, and constantly changing.

The changes in drug usage patterns since the early 1960s have increased concern about the adverse health effects associated with drug use. In addition to medical emergencies and deaths related to drug abuse, other short- and long-term effects resulting from chronic drug use have been identified for further research. These include automobile accidents, accidents in the workplace, learning disabilities, interference with normal reproductive function, adverse effects on developing fetuses, and long-term damage to the heart, lungs, and other organs.

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*The Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, prepared August 1989.

Data presented in this paper are extracted from the 1988 National Household Survey on Drug Abuse, the 1988 High School Senior Survey, and the Drug Abuse Warning Network through December 1988. The DAWN data are derived from a nonrandom sample of 562 participating emergency rooms in 21 metropolitan areas and 78 medical examiner facilities located primarily in 27 metropolitan areas. The medical examiner data for the most recent year are incomplete due to a lag in reporting, thus caution should be exercised when analyzing the apparent increases or decreases. The New York City medical examiner office is again participating in the DAWN system as of January 1988, but insufficient data are available for this report. After reporting stabilizes, the New York data will be shown separately from the total ME mentions for the next five years, when full data will be available. Both the Household and the High School Senior surveys are based on national probability samples and, accordingly, provide national estimates of the surveyed populations. Summaries of the data from these studies regarding heroin, cocaine, marijuana, and PCP follow.

Heroin/Morphine Trends

The number of heroin mentions in DAWN emergency rooms in all metropolitan areas increased over the five year period between 1984 and 1988 from 11,437 mentions to 16,815 mentions. Analysis of ten metropolitan areas, whose data represent 82 percent of all the heroin mentions in 1988, show increases between 1987 and 1988 in all metropolitan areas except New York and Detroit. The New York area reported almost twice as many heroin mentions (3,312 mentions) than were reported by the second ranked city, Washington D.C. with 1,869 mentions. In the Baltimore area, the number of heroin related emergencies increased considerably from 279 to 986, and in Seattle from 183 to 614 between 1984 and 1988.

Data on the number of heroin related deaths as reported to DAWN from all metropolitan areas shows an increase with some fluctuation between 1984 and 1987, 1,088 deaths to 1,602 deaths, respectively. Provisional data show 1,276 deaths reported thus far in 1988. In the eight metropolitan areas which make up 82 percent of the data on the number of heroin related deaths, increases between 1987 and 1988 were noted in the Boston, Philadelphia, San Francisco, and San Diego metropolitan areas. A large drop in deaths was reported in the Los Angeles area, from 428 deaths in 1987 to 188 deaths thus far in 1988, and in the Detroit area, from 228 deaths in 1987 to 79 deaths thus far in 1988.

Demographics

Eighty-one percent of the emergency room episodes in the DAWN 1987 Annual Report involving heroin occurred among individuals 20-39 years old; 69 percent were male. Fifty percent were black, 31 percent were white, and 13 percent were Hispanic. Although similar distributions were noted among DAWN deaths involving heroin by sex and age, i.e., the majority were male (80 percent) and 20-39 years of age (75 percent); the representation by race was similar for blacks and whites (44 percent were white, 42 percent were black, and 12 percent were Hispanic).

Trends in Hospital Emergency Room (ER) and Medical Examiner (ME) Mentions of Heroin/Morphine

Total DAWN System and Metropolitan Areas	1984	1985	1986	1987	1988
Total ER Mentions*	11,437	13,131	14,209	15,359	16,815
of which:					
New York	3,199	3,217	3,253	3,529	3,312
Washington, D.C.	1,340	1,333	1,078	1,562	1,869
Detroit	2,552	2,660	2,573	2,508	1,799
Los Angeles	887	1,313	1,798	1,256	1,671
Chicago	483	551	765	993	1,258
Baltimore	279	449	576	775	986
Philadelphia	364	392	383	544	871
San Francisco	779	1,031	983	544	759
Seattle	183	273	438	449	614
Boston	216	316	304	454	610
Total ME mentions* (excludes New York)	1,088	1,391	1,644	1,602	1,276**
of which:					
Philadelphia	83	82	124	122	199
Los Angeles	271	365	505	428	188
Washington, D.C.	193	170	169	220	179
San Francisco	80	116	153	118	158
San Diego	62	63	87	65	88
Detroit	164	209	228	228	79
Baltimore	36	46	37	86	57
Boston	4	41	39	34	56

*Based on consistently-reporting ERS with at least 90 percent reporting in the first 12 months, the second 12 months, and the last 36 months. The metropolitan areas listed represent those which make up 82 percent of ER and 79 percent of ME mentions in calendar year 1988.

**Provisional data due to lag in reporting.

--Data not available

Source: NIDA, Drug Abuse Warning Network (DAWN) March 1989 data file.

Heroin and Cocaine Trends

As "speedballing," or the combined use of cocaine and heroin has become increasingly more common, so have the health consequences associated with using this combination of drugs. It should be noted that mentions of both cocaine and heroin for a single DAWN case does not necessarily mean that the two drugs were used in combination, only that they were both used and related to the case at hand.

The number of mentions of both heroin and cocaine in the same DAWN emergency room episode in all the metropolitan areas nearly tripled from 2,133 mentions in 1984 to 5,968 mentions in 1988. Despite a slight drop in mentions, the New York area accounted for 20 percent of the total mentions in 1988. Among the nine metropolitan areas which made up 77 percent of the mentions in 1988, all reported increases in heroin and cocaine mentions between the last two years except New York and Detroit. The largest increase over the five year period was reported in Baltimore from 44 mentions in 1984 increasing to 380 mentions in 1988. Other metropolitan areas reporting significant increases were Chicago, Los Angeles, Philadelphia, Seattle, and Washington, D.C.

In all the metropolitan areas, DAWN deaths associated with the use of both heroin and cocaine increased notably from 172 deaths in 1984 to 597 deaths in 1987, and provisional data show that 526 heroin and cocaine related deaths were reported thus far in 1988. Of the seven metropolitan areas examined, Boston, Philadelphia, San Francisco, and San Diego showed increases in mentions between the last two years. The heroin and cocaine related deaths in Detroit dropped significantly from 79 deaths in 1987 to 28 deaths in 1988. Sharp drops in deaths from these two drugs between the last two years examined were also noted in the Los Angeles and Washington, D.C. areas.

Trends in Hospital Emergency Room (ER) and Medical Examiner (ME) Mentions of Heroin and Cocaine

Total DAWN System and Metropolitan Areas	1984	1985	1986	1987	1988
Total ER Mentions*	2,133	2,493	3,162	5,042	5,968
of which:					
New York	982	1,031	1,016	1,279	1,176
Chicago	115	171	346	614	715
Washington, D.C.	149	187	207	467	670
Los Angeles	91	151	262	289	431
Detroit	141	211	305	422	396
Baltimore	44	56	118	242	380
New Orleans	116	133	41	290	293
Philadelphia	62	93	135	189	291
Seattle	37	37	65	144	225
Total ME Mentions* (excludes New York)	172	255	417	597	526**
of which:					
Philadelphia	6	7	22	56	98
Washington, D.C.	35	44	58	103	74
Los Angeles	46	51	119	127	64
San Francisco	16	24	34	44	53
San Diego	18	13	21	16	40
Newark	22	30	13	69	29
Boston	1	18	21	20	28
Detroit	7	19	66	79	28

*Based on consistently reporting ERs with at least 90 percent reporting in the first 12 months, the second 12 months, and the last 36 months. The metropolitan areas listed represent those which make up 77 percent of ER and 66 percent of ME mentions in calendar year 1988.

**Provisional data due to lag in reporting.

--Data not available

Source: NIDA, Drug Abuse Warning Network (DAWN) March 1989 data file.

Cocaine Trends

The most recent National Household Survey on Drug Abuse shows that in 1988, an estimated 21 million persons in the continental United States had at least tried cocaine. Of these, approximately 8 million had used it at least once in the past year. Among the past year users of cocaine, 11 percent used the drug once a week or more and 4 percent used the drug daily or almost daily. Although past year users decreased from 12 million in 1985 to 8 million in 1988, only 5 percent of the 1985 past year users were weekly users and only 2 percent were daily or almost daily users. The number of current (past month) cocaine users decreased from 3 percent of the household population aged 12 and older in 1985 to 1.5 percent in 1988. This translates into a decrease from 5.8 million people in 1985 to 2.9 million people in 1988. While lifetime prevalence of cocaine remained stable for whites and blacks between 1985 and 1988, a significant increase occurred among Hispanics (from 7 percent to 11 percent). The most recent data from the High School Senior Survey show that for the first time since 1981, the percent of high school seniors reporting use of cocaine declined. Past year use dropped significantly between 1987 and 1988 from 10.3 percent to 7.9 percent and past month use dropped from 4.3 percent to 3.4 percent. The prevalence levels of crack use by seniors has been collected since 1987. The percentage of cocaine users who reported crack use in 1988 was 4.8 percent for lifetime use and 1.6 percent of the seniors used crack in the month prior to the interview.

Data from the DAWN system continue to show increases in adverse health consequences associated with the use of cocaine. Over the past five years, the number of hospital emergencies associated with the use of cocaine increased from 8,831 in 1984 to 46,020 in 1988. Between the last two years, the total cocaine mentions increased 33 percent from 34,661 mentions to 46,020 mentions, which is less than the 70 percent increase that occurred between 1986 and 1987. This increase in the number of cocaine related emergency room visits appears to be distributed across most of the major metropolitan areas of the United States that report to DAWN except for Detroit where the cocaine mentions decreased slightly from 4,633 mentions in 1987 to 4,422 mentions in 1988. The ten metropolitan areas shown in the table account for 76 percent of all cocaine mentions, with Baltimore showing the largest increase in the number of cocaine related mentions from 962 mentions in 1987 to 1,841 mentions in 1988. The metropolitan areas with the largest increases in the number of cocaine related mentions over the five year period were Dallas, Baltimore, Philadelphia, and Washington, D.C.

The number of cocaine related deaths reported by all metropolitan areas more than doubled from 628 deaths in 1984 to 1,589 deaths (provisional data) in 1988. Provisional DAWN mortality data indicate that the largest increases over the past two years occurred in the Miami area where cocaine related deaths increased from 47 deaths to 91 deaths but counts are still lower than the 124 deaths reported for Miami in 1986. Large decreases in cocaine related deaths were reported from the Los Angeles area, from 447 deaths in 1987 to 198 deaths (provisional data) in 1988. During the same two years, decreases were also seen in Detroit, from 159 mentions to 83 deaths and in Newark from 160 deaths to 81 deaths.

Factors, such as a trend towards more dangerous routes of administration, may be related to the observed cocaine trends in emergency room and medical examiner data. In the past, cocaine was, for the most part, sniffed or snorted. In recent years, smoking or "freebasing" cocaine has become a more common occurrence. This practice is more serious than snorting since smoking cocaine increases the pharmocological effects of the drug resulting in an enormous craving for the drug. The trend toward increased smoking of cocaine appears to have accelerated in some parts of the country following the street marketing introduction of the base form of cocaine called "crack." Data from the 1985 National Household Survey on Drug Abuse show that 21 percent of the people who have ever used cocaine have used freebase and 8 percent have used cocaine intravenously. Recent cocaine users are more likely to have ever used freebase: 38 percent of the past month users compared with 20 percent of the past year users and 10 percent of those last using cocaine over a year ago. Among high school seniors in the class of 1988, 4.8 percent reported having tried crack at least once, while 1.6 percent used it in the past month.

A new table is being introduced in this report which examines selected routes of administration, (smoking cocaine and injecting cocaine), as reported by cocaine patients seen in emergency rooms. It is readily apparent that smoking has become a frequent route of administration over the five year period with 549 (6 percent of the total cocaine mentions) patients smoking cocaine in 1984 increasing to 15,306 (33 percent of the total cocaine mentions) patients smoking cocaine in 1988. The seven metropolitan areas listed all showed increases in smoking cocaine, with the highest number of mentions in New York, Detroit, and Washington, D.C. The total number of cocaine mentions for the metropolitan areas are included on the first cocaine table. Although the number of cocaine mentions has increased, the proportion of clients injecting their cocaine has decreased from 42 percent of the total mentions in 1984 to 27 percent of the total mentions in 1988. There are some interesting variations in the ranking of the metropolitan areas when examining the total cocaine mentions, the number smoking cocaine, and the number injecting cocaine. For example, Baltimore ranks eighth in 1988 in total cocaine mentions (1,841 mentions), is not included in the chart showing the top seven cities for number of mentions of patients smoking cocaine, but ranks third (1,283 mentions or 70 percent of the total for Baltimore) for the number of patients injecting cocaine.

Demographics

The 1988 National Household Survey on Drug Abuse indicates that among youth (age 12-17), lifetime and past year prevalence of cocaine is highest for Hispanics (5 percent and 4 percent) compared to whites (4 percent and 3 percent) and blacks (2 percent and 1 percent). Among young adults (age 18-25), the rates are highest for whites (21 percent and 13 percent) compared to Hispanics (19 percent and 13 percent) and blacks (10 percent and 8 percent). Among adults ages 26 to 34, these rates are highest among whites (29 percent and 8 percent) as compared to blacks (20 percent and 9 percent) and Hispanics (22 percent and 8 percent). Among older adults (35 and older) the rates are highest for blacks (6 percent and 2 percent) as compared to whites (4 percent and 1 percent) and Hispanics (3 percent and 2 percent).

Demographic data for cocaine related emergency room patients from the DAWN 1987 Annual Report suggest a predominance of males (66 percent) and adult patients in their 20s and 30s (85 percent were 20-39 years of age). Fewer whites than blacks were seen in emergency rooms for cocaine emergencies (28 percent and 55 percent, respectively).

Demographic data on cocaine related deaths in the DAWN 1987 Annual Report are similar to data shown for cocaine emergencies except that the numbers of whites and blacks were quite similar (39 percent and 47 percent respectively), while 11 percent were Hispanic. Eighty percent were male and 79 percent were 20-39 years of age.

Trends in Past Year and Past Month Use of Cocaine by Age Category - 1972-1988

	Estimated Percent of the Population							
	1972	1974	1976	1977	1979	1982	1985	1988
Age 12-17								
Used in Past Year	1.5	2.7	2.3	2.6	4.2	4.1	4.0	2.9
Used in Past Month	.6	1.0	1.0	.8	1.4	1.6	1.5	1.1
Age 18-25								
Used in Past Year	NA	8.1	7.0	10.2	19.6	18.8	16.3	12.1
Used in Past Month	NA	3.1	2.0	3.7	9.3	6.8	7.6	4.5
Age 26 and Above								
Used in Past Year	NA	*	.6	.9	2.0	3.8	4.2	2.7
Used in Past Month	NA	*	*	*	.9	1.2	2.0	.9

*less than 0.5 percent

Source: National Household Survey on Drug Abuse, 1972-1988.

Trends in Lifetime, Past Year, Past Month and Daily Use[1/] of Cocaine and Crack by High School Seniors - 1981-1988

Class of:	1981	1982	1983	1984	1985	1986	1987	1988
Ever Used Cocaine	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1
Used in Past Year	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9
Used in Past Month	5.8	5.0	4.9	5.8	6.7	6.2	4.3.	3.4
Used Daily/Past Month	.3	.2	.2	.2	.4	.4	.3	.2
Ever Used Crack							5.6	4.8
Used Crack in Past Month							1.5	1.6

[1/]Daily use is defined as use 20 or more times in the past month.

Source: Monitoring the Future Study (High School Senior Survey), 1981-1988.

Trends in Hospital Emergency Rooms (ER) and Medical Examiner (ME) Mentions of Cocaine

Total DAWN System and Metropolitan Areas	1984	1985	1986	1987	1988
Total ER Mentions*	8,831	11,099	20,383	34,661	46,020
of which:					
New York	2,643	2,944	4,515	6,486	6,540
Washington, D.C.	522	793	1,350	3,182	5,211
Detroit	600	992	2,596	4,633	4,422
Philadelphia	399	570	1,306	2,670	4,156
Chicago	521	714	1,635	2,817	3,907
New Orleans	477	501	442	1,907	3,221
Los Angeles	1,006	1,606	2,339	2,248	2,988
Baltimore	148	221	498	962	1,841
Dallas	77	157	480	985	1,381
Seattle	238	246	434	839	1,321
Total ME Mentions* (excludes New York)	628	717	1,223	1,724	1,589**
of which:					
Philadelphia	21	36	72	173	254
Los Angeles	176	151	378	447	198
San Francisco	67	63	86	152	155
Washington, D.C.	57	61	92	179	124
Miami	90	70	124	47	91
Detroit	14	41	107	159	83
Boston	14	51	74	56	83
Newark	47	53	46	160	81

*Based on consistently-reporting ERs with at least 90 percent reporting in the first 12 months, the second 12 months, and the last 36 months. The metropolitan areas listed represent those which make up 76 percent of ER and 67 percent of ME mentions in calendar year 1988.

**Provisional data due to lag in reporting.

--Data not available

Source: NIDA, Drug Abuse Warning Network (DAWN) March 1989 data file.

Trends in Hospital Emergency Rooms (ER)
By Number of Mentions of Smoking or Injecting Cocaine - 1984-1988

Total DAWN System and Metropolitan Areas	1984	1985	1986	1987	1988
Total ER Cocaine Mentions:*	8,831	11,099	20,383	34,661	46,020
Number Smoking Cocaine	549	1,166	4,400	10,698	15,306
By Selected Metro Area:					
New York	99	140	1,252	2,681	2,846
Detroit	51	159	948	2,419	2,522
Washington, D.C.	12	29	219	1,132	2,191
New Orleans	11	12	25	466	1,459
Los Angeles	243	561	746	726	1,048
Philadelphia	13	31	171	623	1,013
Chicago	33	70	276	717	883
Number Injecting Cocaine	3,717	4,210	6,041	9,754	12,461
By Selected Metro Area:					
Philadelphia	167	226	443	921	1,485
New York	1,102	1,148	1,170	1,471	1,416
Baltimore	92	113	281	605	1,283
New Orleans	304	324	202	988	1,238
Chicago	186	246	521	918	1,224
Los Angeles	193	280	515	615	833
Washington, D.C.	234	330	395	674	684

*Based on consistently-reporting ERs with at least 90 percent reporting in the first 12 months, the second 12 months, and the last 36 months.

Source: NIDA, Drug Abuse Warning Network (DAWN) March 1989 data file.

Marijuana/Hashish Trends

Marijuana remains the most commonly used illicit drug in the United States. According to the 1988 National Household Survey on Drug Abuse, an estimated 66 million persons had tried marijuana/hashish at least once in their lifetime. Four million youth (12-17), 17 million young adults (18-25) and 45 million adults aged 26 and older have tried marijuana. Past month (current) use of marijuana has continued to decline since 1979 for all age groups. The number of past month users decreased from 18 million in 1985 to 12 million in 1988. The decrease in the lifetime prevalence rate for 12 to 17 year olds (from 24 percent in 1985 to 17 percent in 1988) is in contrast to the trends of the 1970s when successive youth cohorts typically reported greater experience with marijuana/hashish in each survey year. Lifetime prevalence of marijuana use among young adults (ages 18-25) followed a similar pattern, decreasing from 60 percent in 1985 to 56 percent in 1988. Lifetime use of marijuana increased between 1985 and 1988 for persons 26 and older. This is a result of the aging of marijuana users of the 1960's and 1970's. Trends in annual and current (use in the past month) prevalence exhibited similar downturns among older adults and young adults. The pattern of decreasing marijuana/hashish use among high school seniors continued with the class of 1988.

This report includes marijuana and hashish mentions for emergency rooms and medical examiners, and considerably higher counts were noted in the medical examiner data. After investigation, it was discovered that medical examiners cannot distinguish between marijuana and hashish in their testing, and usually reported hashish. Although adjustments were made for this report, care should be exercised if comparisons are made to previous overview reports. Marijuana and hashish are combined in the Household and High School Senior surveys.

The number of DAWN marijuana/hashish emergency room mentions in all metropolitan areas increased over the past five years from 3,542 mentions in 1984 to 8,232 mentions in 1988. An analysis of ten metropolitan areas, representing 73 percent of the reported emergencies in 1988, shows increases between the past two years in all areas except Washington, D.C., Detroit, and Dallas. In the Washington, D.C. area, a substantial increase in mentions of marijuana/hashish was observed, from 214 mentions in 1984 to 1,434 mentions in 1987, with a subsequent decrease to 1,211 mentions in 1988. There were no significant increases in marijuana/hashish mentions in the metropolitan areas that showed increases between 1987 and 1988.

Interpreting the trend of marijuana emergencies is problematic since marijuana is often used in conjunction with other substances, such as PCP, alcohol, or heroin. In fact, in 1987, 83 percent of all marijuana emergency room mentions were in combination with another substance. Also, because of the recent increases in marijuana mentions, an informal study was performed using the most current unpublished data to determine if there has been a change in reporting patterns. The conclusions are that mentions of marijuana used alone have increased slightly, but marijuana mentions in combination with other drugs have increased substantially.

Demographics

The 1988 National Household Survey on Drug Abuse indicates that more males have tried marijuana in their lifetime than females (37 percent compared to 30 percent). The highest lifetime prevalence rates were observed for persons with at least some college education (42 percent) as compared to high school graduates (34 percent) and less than a high school education (23 percent). Among every age group except the older adults, whites have the highest lifetime, annual and current prevalence rates. For persons 35 and older, the lifetime, annual, and current prevalence rates are highest for blacks (24 percent, 4 percent and 2 percent) followed by whites (19 percent, 3 percent and 1 percent) and Hispanics (14 percent, 3 percent, and 1 percent).

In DAWN emergency rooms in 1987, 73 percent of marijuana/hashish patients were under the age of 30. The majority were male (72 percent) and 40 percent were white, 46 percent black, and 7 percent Hispanic.

Trends in Past Year and Past Month Use of Marijuana
by Age Category - 1972-1988

	Estimated Percent of the Population							
	1972	1974	1976	1977	1979	1982	1985	1988
Age 12-17								
Used in Past Year	NA	18.5	18.4	22.3	24.1	20.6	20.0	12.6
Used in Past Month	7.0	12.0	12.3	16.6	16.7	11.5	12.3	6.4
Age 18-25								
Used in Past Year	NA	34.2	35.0	38.7	46.9	40.4	37.0	27.9
Used in Past Month	27.8	25.2	25.0	27.4	35.4	27.4	21.9	15.5
Age 26 and Above								
Used in Past Year	NA	3.8	5.4	6.4	9.0	10.6	9.5	6.9
Used in Past Month	2.5	2.0	3.5	3.3	6.0	6.5	6.2	3.9

Source: National Household Survey on Drug Abuse, 1972-1988.

Trends in Lifetime, Past Year, Past Month and Daily Use[1/]
of Marijuana by High School Seniors - 1981-1988

Class of:	1981	1982	1983	1984	1985	1986	1987	1988
Ever Used	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2
Used in Past Year	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1
Used in Past Month	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0
Used Daily/Past Month	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7

[1/]Daily use is defined as use 20 or more times in the past month.

Source: Monitoring the Future Study (High School Senior Survey), 1981-1988.

Trends in Hospital Emergency Rooms (ER) and Medical Examiner (ME) Mentions of Marijuana

Total DAWN System and Metropolitan Areas	1984	1985	1986	1987	1988
Total ER Mentions*	3,542	4,025	4,779	7,418	8,232
of which:					
Washington, D.C.	214	263	515	1,434	1,211
New York	657	604	633	675	869
Chicago	243	332	469	633	808
Detroit	294	351	641	781	715
Dallas	45	156	271	557	529
New Orleans	115	164	314	491	509
Philadelphia	258	195	322	348	448
Los Angeles	531	699	331	262	372
Phoenix	37	61	49	213	286
Buffalo	102	83	96	243	281
Total ME Mentions (excludes New York)	129	138	105	146	167**
of which:					
St. Louis	0	7	4	7	33
Detroit	12	12	23	29	27
Newark	11	18	10	19	21
Philadelphia	18	24	9	18	21
San Francisco	0	2	3	5	16
Washington, D.C.	52	40	36	48	14

*Based on consistently-reporting ERs with at least 90 percent reporting in the first 12 months, the second 12 months, and the last 35 months. The metropolitan areas listed represent those which make up at least 73 percent of ER and 79 percent of ME mentions in the calendar year 1988.

**Provisional data due to lag in reporting.

--Data not available

Source: NIDA, Drug Abuse Warning Network (DAWN) March 1989 data file.

PCP Trends

Data from the 1988 National Household Survey on Drug Abuse indicate that among youth and young adults the percentage that have ever tried PCP is decreasing. A decreasing trend in lifetime prevalence has been observed among high school seniors since 1981. Current or past month use by high school seniors decreased between 1987 and 1988.

The number of PCP related emergencies reported in all metropolitan areas increased somewhat between 1984 (5,624 mentions) and 1987 (8,014 mentions), then decreased to 6,717 mentions in 1988. Of the seven metropolitan areas examined, which represent 92 percent of all PCP mentions, all showed decreases in PCP mentions except for New York and Baltimore. Baltimore is the only metropolitan area showing steady increases in PCP mentions, and the Los Angeles metropolitan area is showing steady decreases in PCP mentions. The St. Louis area showed a substantial increase in PCP cases between 1984 (17 mentions) and 1987 (588 mentions), then decreased to 428 mentions in 1988. The PCP mentions reported by the Washington, D.C. area in 1988 are more than triple the PCP mentions reported by Los Angeles, which ranks second in PCP mentions.

The number of PCP related deaths reported in all metropolitan areas fluctuated over the five years while the provisional data showed a total of 127 PCP-related deaths thus far in 1988. The number of PCP deaths reported from the Washington, D.C. area decreased from 112 deaths in 1987 to 43 deaths thus far in 1988. The Los Angeles area showed a drop from 95 deaths in 1987 to 37 deaths thus far in 1988. While the number of mentions are low, some increases were reported in Baltimore and San Francisco.

Demographics

The demographic data for PCP emergency room patients in the DAWN 1987 Annual Report show that the majority are black (60 percent), male (74 percent), and 20-29 years of age (58 percent). Data on PCP related deaths show similar distributions for sex (86 percent were male) and age (44 percent were 20-29 years of age) distributions. Sixty-one percent of the decedents were black, 18 percent white, and 18 percent Hispanic.

Trends in Lifetime Use of PCP by Age Category
1976-1988

	Estimated Percent of the Population					
	1976	1977	1979	1982	1985	1988
Age 12-17	3.0	5.8	3.9	2.2	1.2	1.1
Age 18-25	9.5	13.9	14.5	10.5	6.1	4.4
Age 26+	0.7	1.1	2.2	2.4	5.0	3.0

Source: National Household Survey on Drug Abuse, 1976-1988.

Trends in Lifetime, Past Year and Past Month Use of
PCP by High School Seniors - 1981-1988

Class of:	1981	1982	1983	1984	1985	1986	1987	1988
Ever Used	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9
Used in Past Year	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2
Used in Past Month	1.4	1.0	1.3	1.0	1.6	1.3	.6	.3
Used Daily Past Month	.1	.1	.1	.1	.3	.2	.3	.1

Daily Use is defined as use 20 or more times in the past month.

Source: Monitoring the Future Study (High School Senior Survey), 1981-1988.

Trends in Hospital Emergency Room (ER) and Medical Examiner (ME) Mentions of PCP

Total DAWN System and Metropolitan Areas	1984	1985	1986	1987	1988
Total ER Mentions*	5,624	5,054	5,512	8,014	6,717
of which:					
Washington, D.C.	1,103	1,403	2,021	4,121	3,120
Los Angeles	2,434	1,917	1,507	1,087	1,023
Chicago	289	285	536	658	628
St. Louis	17	43	122	588	428
San Francisco	131	168	234	449	423
New York	948	607	381	221	338
Baltimore	43	48	99	240	249
Total ME Mentions* (excludes New York)	237	199	267	259	127**
of which:					
Washington, D.C.	44	56	65	112	43
Los Angeles	150	89	134	95	37
Baltimore	3	3	5	10	9
San Francisco	5	11	13	10	9

*Based on consistently-reporting ERs with at least 90 percent reporting in the first 12 months, the second 12 months, and the last 36 months. The metropolitan areas listed represent those which make up at least 90 percent of ER and 77 percent of ME mentions in the calendar year 1988.

**Provisional data due to lag in reporting.

--Data not available

Source: NIDA, Drug Abuse Warning Network (DAWN) March 1989 data file.